## PATENT APPLICATION RECORD Effective December 8, 2004

Applications of the South Applications of th

| CLAIMS AS FILED - PART I SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                 |                                                          |                                             |                                 |   |                                          |                        |    | 07                         |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|---------------------------------------------|---------------------------------|---|------------------------------------------|------------------------|----|----------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                        | őÍ                                             |                                                 | (Column 1)                                               | . (                                         | (Column 2)                      |   | TYPE                                     |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                                 | 24                                                       |                                             |                                 |   | RATE                                     | FEE                    |    | RATE                       | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                 | SMALL ENT. = 8 1                                         | 50 LARC                                     | SE ENT. = 8 300                 |   | BASIC FEE                                |                        | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                 | (4) = 8 50 / 8 100                                       |                                             | her situations =<br>100 / 8 200 |   | DIAM. FEE                                |                        |    | EXAM. FEE                  | 200                    |
| SEARCH FEE .                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                 | U.S. is ISA = 8 50 / 8 ALL other countries 8 200 / 8 400 | E Allo                                      | har situations = 250 / 8 500    |   | SEARCH FEE                               |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                                 | minus 10                                                 | DO =                                        | / 50 =                          |   | X \$ 125 =                               |                        |    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                 | Minus 2                                                  | 20 = .                                      | af                              |   | X \$ 25 =                                |                        | OR | X \$ 50 =                  | 860                    |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                 | 5 minus                                                  | 3= 。 ⑥                                      | ?                               |   | X § 100 =                                |                        | OR | X \$ 200 =                 | .40                    |
| MUI                                                                                                                                                                                                                                                                                                                                                                                                    | TIPLE DEPEN                                    | DENT CLAIM PRI                                  | ESENT                                                    | $N_{\perp}$                                 |                                 |   | ◆ \$ 180 <b>=</b>                        |                        | OR | ÷ \$ 360 =                 |                        |
| of the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                 |                                                |                                                 |                                                          |                                             |                                 | _ | TOTAL                                    |                        | OR | TOTAL                      | 1500                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                           |                                                |                                                 |                                                          |                                             |                                 |   | Other tha<br>Small entity or small entit |                        |    |                            |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                            |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       | PI                                                       | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA                |   | RATE                                     | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                        | Total                                          | · <i>Q</i> Y                                    | Minus                                                    | 24                                          | <b>-</b> O                      |   | X § 25 =                                 |                        | OR | X \$ 50 =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                    | <u> 5</u>                                       | Minus 0000                                               | 5                                           | - O                             |   | X \$ 100 =                               |                        | OR | X \$ 200 =                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                                          |                                             |                                 |   | ◆§ 180 =                                 |                        | OR | ÷ § 360 =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                 |                                                          |                                             |                                 |   | TOTAL ADDIT.                             |                        | OR | TOTAL ADDIT. FEE           | B                      |
|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                 |                                                          |                                             |                                 | • |                                          |                        |    |                            |                        |
| IDMENT B                                                                                                                                                                                                                                                                                                                                                                                               |                                                | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | (P4F                                                     | Column 2) HIGHESY NUMBER REVIOUSLY PAID FOR | (Column 3)  PRESENT EXTRA       |   | RATE                                     | ADDI-<br>TIOXAL<br>FEE |    | RATE                       | ADDS-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                        | Total                                          | ů                                               | Minus 00                                                 |                                             | =                               |   | X \$ 25 =                                |                        | OR | X \$ 50 =                  |                        |
| AMEND                                                                                                                                                                                                                                                                                                                                                                                                  | Independent                                    | ø                                               | Min <b>us</b>                                            |                                             | =                               |   | X \$ 100 =                               |                        | OR | X \$ 200 =                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        | FIRST PRES                                     | ENTATION OF M                                   | ULTIPLE DEPENDE                                          | NT CLAIM                                    |                                 |   | ♦§.180 =                                 |                        | OR | + \$ 360 =                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                 |                                                          |                                             |                                 |   | TOTAL ADDIT.<br>FEE                      |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| of the entry in column 1 is less than the entry in column 2, write "O" in column 3.  of the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  of the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                                 |                                                          |                                             |                                 |   |                                          |                        |    |                            |                        |